

Collection of this information is voluntary. It is needed before import may be permitted. It is used to determine whether the applicant meets requirements for import inspection. (9CFR 327 and 9CFR 381.195)

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE  
INTERNATIONAL PROGRAMS  
IMPORT INSPECTION DIVISION

MPA 989501

**IMPORT INSPECTION APPLICATION AND REPORT (Meat, Poultry and Meat or Poultry Products)**

**SECTION A - APPLICATION - (To be completed by broker or applicant)**

1. NAME AND ADDRESS OF CUSTOMS BROKER OR APPLICANT	2. PRESENT LOCATION OF PRODUCT
3. TELEPHONE NUMBER	4. REFERENCE NUMBER

**SECTION B - AGREEMENT OF TEMPORARY TRANSFER OF FOREIGN PRODUCTS - (To be completed by broker or applicant)**

IN CONSIDERATION of the U.S. Director of Customs granting me/us permission to transfer temporarily the packages of foreign food product described in Section "C" which are offered for entry into the United States, I/WE AGREE, under bond filed with said Director of Customs and subject to the penalties prescribed in laws enacted by Congress and regulations issued thereunder by the Secretary of the Treasury, to hold the said food product intact at the location indicated below until it has been inspected and passed by a Food Inspector from Food Safety and Inspection Service or has been otherwise disposed of under the supervision of a U.S. Customs Officer or a FSIS Food Inspector.

1. NAME AND ADDRESS OF COMPANY LOCATION TO WHICH PRODUCT IS TO BE TRANSFERRED (No., Street, City, State, and Zip Code)

**SECTION C - IDENTIFICATION OF SHIPMENT - (To be completed by broker or applicant)**

1. VESSEL OR VEHICLE (No. and initials)	2. CONTAINER NO.	3. NAME OF TRANSPORTATION COMPANY	4. ARRIVAL DATE
5. NAME OF CONSIGNOR		6. NAME AND ADDRESS OF CONSIGNEE	
7. CUSTOM ENTRY NO.	8. COUNTRY OF ORIGIN	9. CODE	10. FOREIGN EST. NO.
11. PRINT NAME OF CUSTOMS BROKER OR APPLICANT	12. SIGNATURE	13. TITLE	14. DATE

**SECTION D - (To be completed by customs officer and FSIS official at POE)**

1. APPROVED BY CUSTOM OFFICER (If applicable)	2. DATE	3. APPROVED BY FSIS OFFICIAL	4. DATE
---	---------	------------------------------	---------

**SECTION E - DISPOSITION REPORT (To be completed by FSIS Meat and Poultry Import Inspector)**

1. INSPECTION LOCATION CODES			2. LABORATORY SAMPLE NO. (5)	3. BADGE NO.
IFO	STATE	IMPORT EST		
4. SIGNATURE			5. DATE	6. PRINT NAME (Use First, Second Initials and Last Name)
				FI   SI   LAST NAME

**SECTION F (To be completed by broker or applicant)**

LOT NO.	NAME OF PRODUCT & SHIPPING MARKS	PRODUCT CODE	NUMBER OF P-SIDES K-PACKAGES C-CANS	NO. UNITS PER CARTON	NET WEIGHT (POUNDS)	INITIALS IF PASSED	8. REFUSED ENTRY		
							NUMBER OF P-SIDES K-PACKAGES C-CANS	NET WEIGHT (POUNDS)	REJECTION CODE
1	1.	2.	<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C	4.	5.	7.	<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C		
2			<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C				<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C		
3			<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C				<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C		
4			<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C				<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C		
5			<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C				<input type="checkbox"/> P <input type="checkbox"/> K <input type="checkbox"/> C		

**IMPORT INSPECTION APPLICATION AND REPORT**  
*(Meat, Poultry and Meat or Poultry Products)*

**INSTRUCTIONS FOR COMPLETION AND DISTRIBUTION OF FSIS 9540-1**

**1. BROKER OR APPLICANT**

Complete section A, B, C and F *(all items)*.

Distribution - submit all copies to U.S. Customs official.

**2. U.S. CUSTOMS**

Complete section D items 1 and 2 for all import applications.

Distribution - for POE inspections retain copies 5 and 6, submit remaining copies to POE FSIS Food Inspector.

**3. FSIS OFFICIAL**

Complete section D, items 3 and 4. Complete section E *(all items)*.

**OMB Disclosure Statement**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0583-0008), Washington, D.C. 20503